

**Implementing the interRAI™ Child and
Youth Mental Health Assessment Tool in
the Peel Service Area:
Managing Change, Innovating as We Go,
and the Lessons We're Learning Along the
Way**

**2018 CMHO Annual Conference
November 27, 2018**

AGENDA

1. Brief overview of Peel Service Area.
2. Implementation Journey: Successes, challenges, lessons learned.
3. Brief overview of the interRAI© ChYMH.
4. System-level analysis of Peel's ChYMH data.
5. Small group exercise.
6. Large group discussion and wrap-up.



Facts, Figures & Unique Features

Peel Service Area (2016 census)

- **Peel Region** includes Mississauga, Brampton and town of Caledon.
- Explosive population growth over 3 decades with lowest per capita funding for health, education and social services; continued growth 1% per year.
- **Population:** 1.4 million (33% children & youth)
- **Children & youth aged birth to 24:** 451,335
- **Children & Youth birth to 17:** 310,185
- **Poverty:** 18% of Peel's population live in low-income households

Facts, Figures & Unique Features Peel Service Area (2016 census)

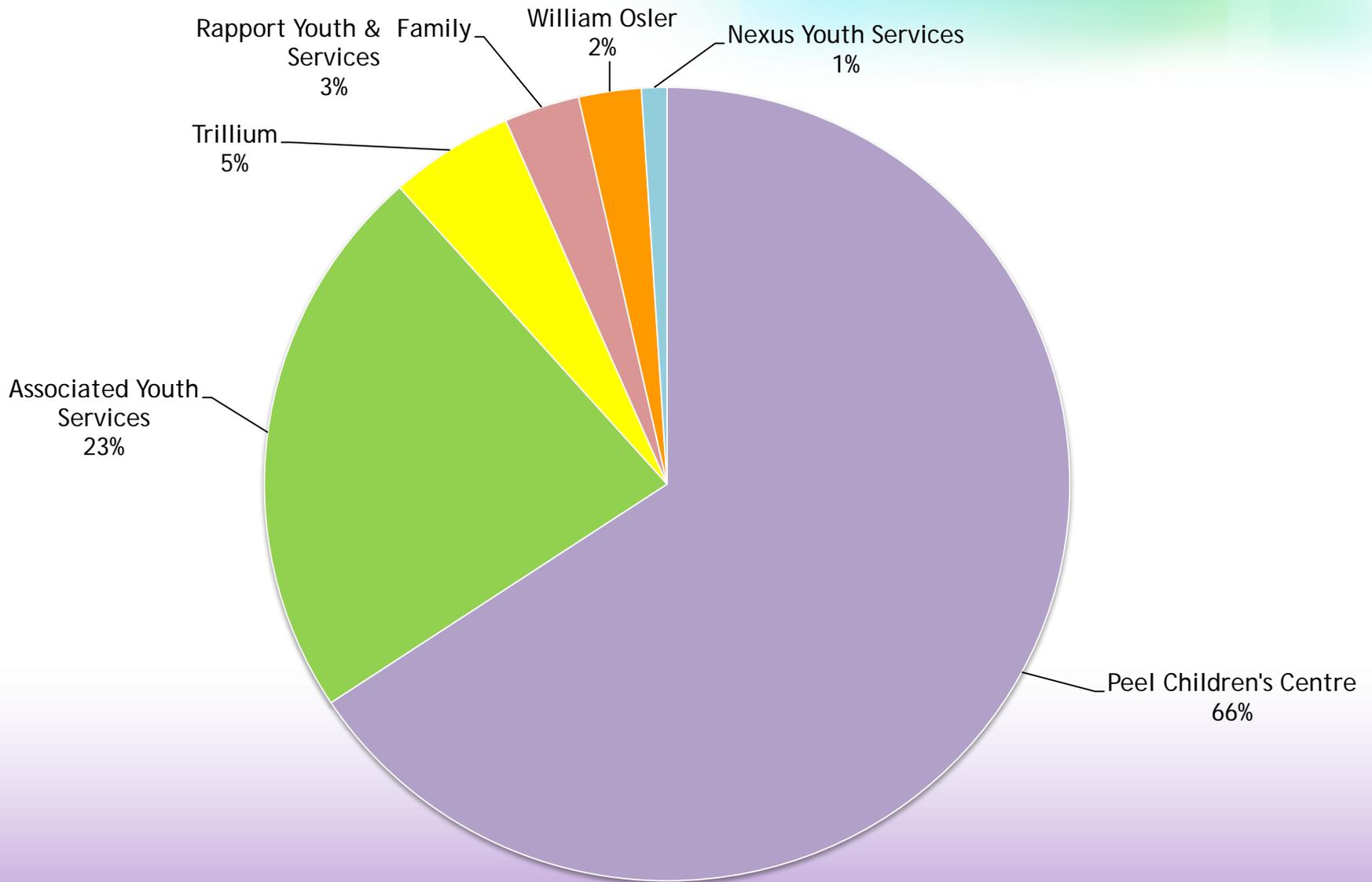
Diversity:

- 63% of Peel residents are visible minorities.
- 5 largest visible minorities are South Asian (51%); Black (15%), Chinese (8%) Filipino (7%); Arab (5%).
- Mississauga & Brampton are designated FLS.
- 27% of the Peel residents speak neither official language (Punjabi, Urdu, Mandarin).
- 1% of Peel residents are of Indigenous ancestry.

Core Service Providers in Peel



21.6 million in MCYS Mapped Services



Starting Our Implementation Journey

- In 2014, Ministry funding for BCFPI and CAFAS was discontinued and no new assessment tools were mandated.
- Recognizing the risks associated with the lack of a standardized assessment tool, the senior clinical leadership from the 6 CYMH Core Service Providers in Peel began a collective exploration of possible assessment tools that could:
 - Support comprehensive, evidence-informed treatment planning and monitoring;
 - Increase our understanding of the needs and profiles of our clients;
 - Measure client outcomes;
 - Support Ministry reporting requirements.
- The clinical utility of the tool was critical.

Starting Our Implementation Journey

- The 2016 *Office of the Auditor General of Ontario* Annual Report identified the inconsistent use of standardized, evidence-informed assessment tools in CYMH agencies as a key concern.
- In the same year, the 6 core service providers in Peel made the unanimous decision to implement the *Child and Youth Mental Health Assessment Tool* (the “ChYMH”).

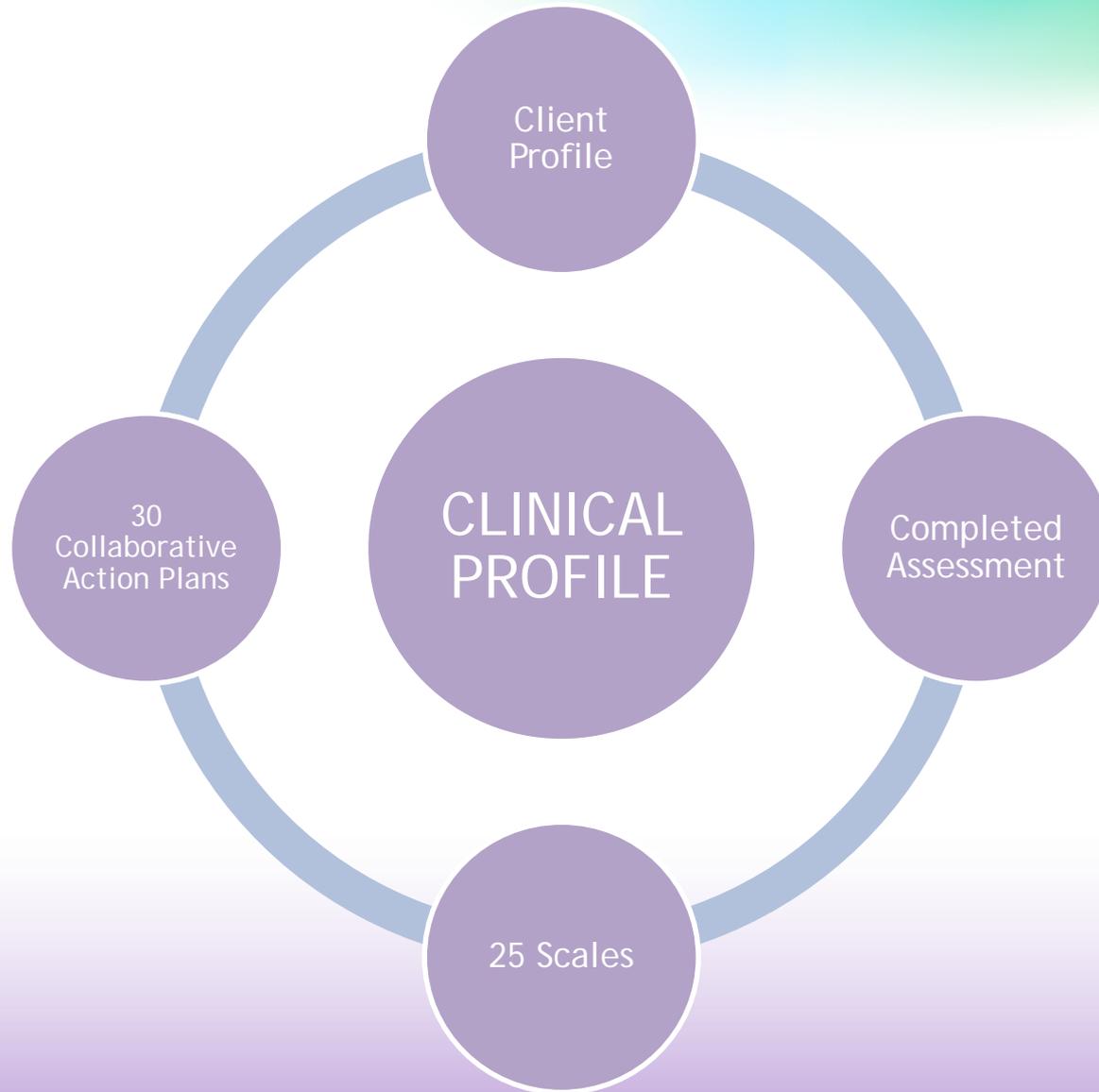
How did we get there?

- The review of possible assessment tools and the decision-making process was an inclusive and collective process that allowed for meaningful participation across the partner agencies.
- People felt heard and everyone's voice was given equal weight, which meant we owned the decision as a system.
- The process was not rushed – takes longer but has greater buy-in and sustainability over the long-term.

The interRAI ChYMH Suite of Tools

- Standardized, objective, validated, multi-source, comprehensive, needs-based mental health assessment system.
- Semi-structured interview designed for clinical use.
- interRAI tools work across services, sectors and the lifespan.
- interRAI CYMH tools currently being used in Peel:
 - The Screener+, administered at intake to support triage and decision-making for the purposes of disposition.
 - The ChYMH, which comprehensively assesses the psychiatric, social, environmental and medical needs of children and youth ages 4 to 18 (includes the adolescent supplement for youth 12-18).
 - Coming soon: the interRAI 0-3 assessment tool pilot.

The ChYMH



interRAI Implementation Team

- Establishment of an *interRAI Implementation Team* with staff representation from all 6 core service providers.
- Implementation team members include front-line clinicians, supervisors, managers, and directors representing a diverse array of counselling and intensive treatment services across the agencies.
- Team also includes representation from the Child and Parent Resource Institute (CPRI), which has provided critical support to Peel's implementation efforts.

Role and Responsibilities of the interRAI Implementation Team

To guide ongoing implementation processes, issues and challenges through the lens of continuous quality improvement:

- Support staff buy-in and readiness;
- Install and sustain implementation drivers: competency, organizational, and leadership;
- Monitor and evaluate the fidelity of the implementation;
- Manage the work of implementation in stages;
- Problem-solve and promote sustainability;
- Address training needs and support the needs of the ChYMH Collaborative Training Team – Peel;
- Ensure communications are clear and consistent.

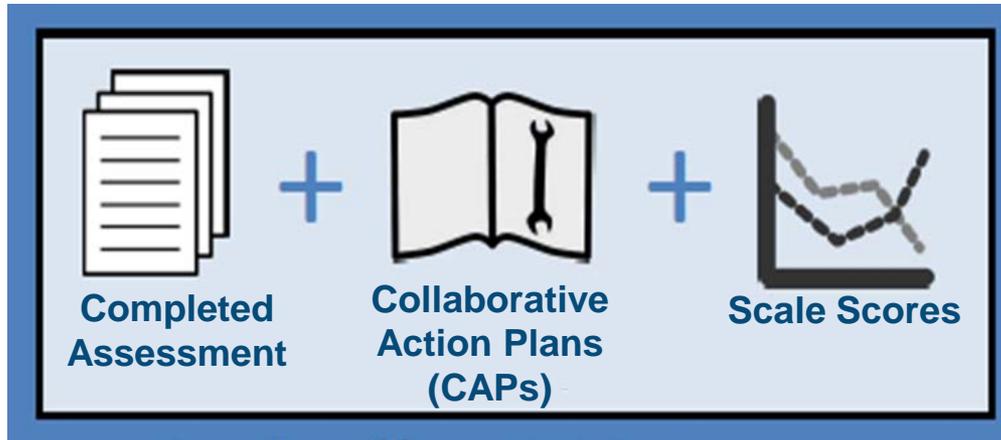
Role and Responsibilities of the interRAI Implementation Team

To support the ChYMH's clinical utility:

- How to discuss the assessment process with clients and families;
- How to embed the ChYMH into clinical assessments;
- How to maintain confidence in clinical judgement;
- How to use the CAPs and scales to inform assessments and treatment planning;
- How to use monitoring and discharge assessments to monitor change over time.

Embedding ChYMH into Clinical Practice

Results of interRAI Assessment



Youth Profile



Support Planning



Assist Triage Decisions



Support Referrals



Track Change

ChYMH Collaborative Training Team - Peel

- Establishment of a sector-wide training team with staff representation from all 6 core service providers.
- Training team members include front-line clinicians and clinical supervisors.
- Purpose of the team is to provide formal training, coaching and mentorship to clinical staff across Peel.
 - Comprehensive ChYMH training to front-line clinicians administering the tool.
 - Literacy training to clinical staff not administering tool.
 - Booster sessions for clinical supervisors.
 - Supporting clinical utility of the ChYMH.

Benefits of a Collaborative Training Team

- Sustainability through inter-agency collaboration.
- Significant reach: all clinical staff who work with clients have been trained.
- This strengthens our multi-disciplinary teams because the language of clinical staff becomes more aligned.
- Created greater awareness of the different CYMH programs and agencies across Peel.
- Collegial relationships among team members were built.
- Increased understanding of and appreciation for adult learning.

Implementation Successes

- Implementation strategy grounded in principles of inclusivity, collaboration, and shared decision-making.
- In the beginning, none of us were experts – we all learned together.
- Role of CPRI: provided tremendous support and guidance.
- System management funding was used to cover the implementation costs across the 6 Core Service Providers.
- Continuous quality improvement:
 - Training team made real-time improvements to the content and format of their training based on trainee feedback.
 - ChYMH Working Group with front-line clinicians was held 6 months in to gather feedback on what was working well and where changes needed to be made.
 - interRAI Implementation Team took in feedback from multiple sources to make improvements and address challenges.

Challenges and Lessons Learned

- Never underestimate the change management process!
 - Don't expect to change everything at once.
 - Implementation happens while the business of the organization continues.
 - Accept that you will make mistakes and that you can't predict each implementation step or the challenges you'll face.
 - Will always take longer than you think – be patient and persevere.

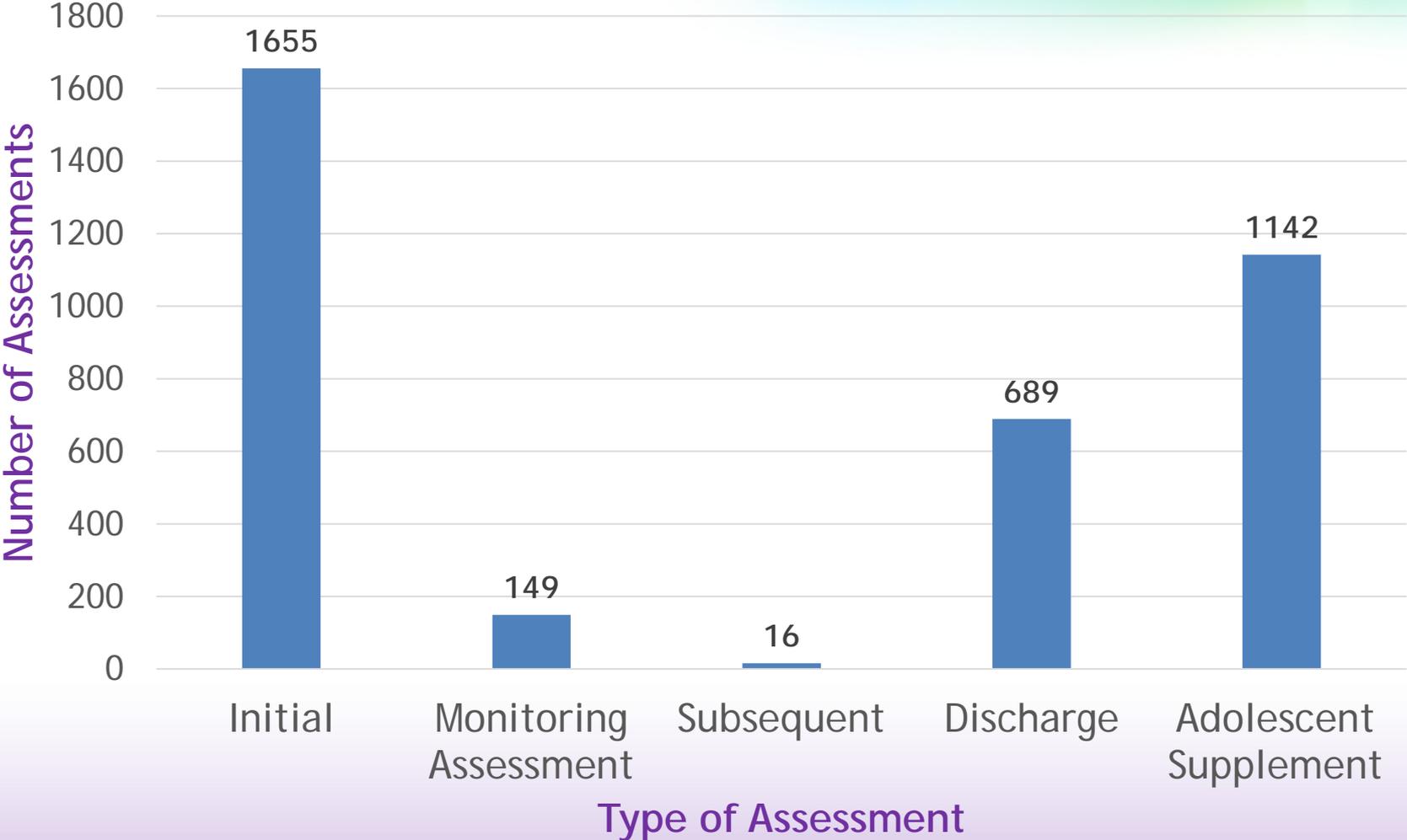
Challenges and Lessons Learned

- ChYMH a completely new way of doing assessments – a paradigm shift.
- In hindsight, would have included front-line clinicians in pre-implementation planning and decision-making in order to increase buy-in and to lessen questions and concerns.
- Common questions and concerns:
 - Why the ChYMH was selected?
 - Is the ChYMH clinically useful and relevant? How do I use it in my clinical work?
 - How will the ChYMH impact clinical timelines?
 - How will the ChYMH impact clinical recording?
 - How will the ChYMH impact clinician workloads?

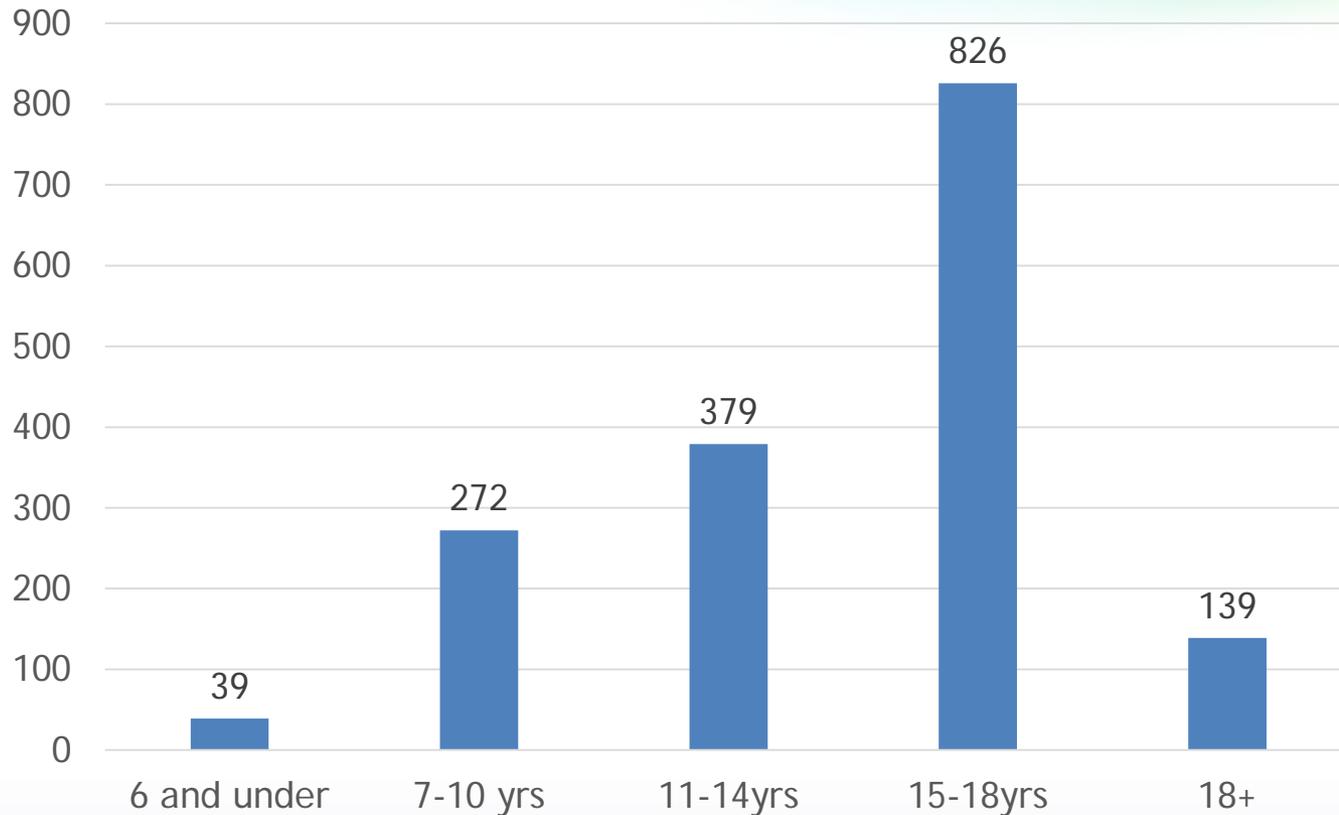


Demographic Profiles and Presenting Needs of CYMH Clients in Peel

Number of ChYMHs Completed by Type

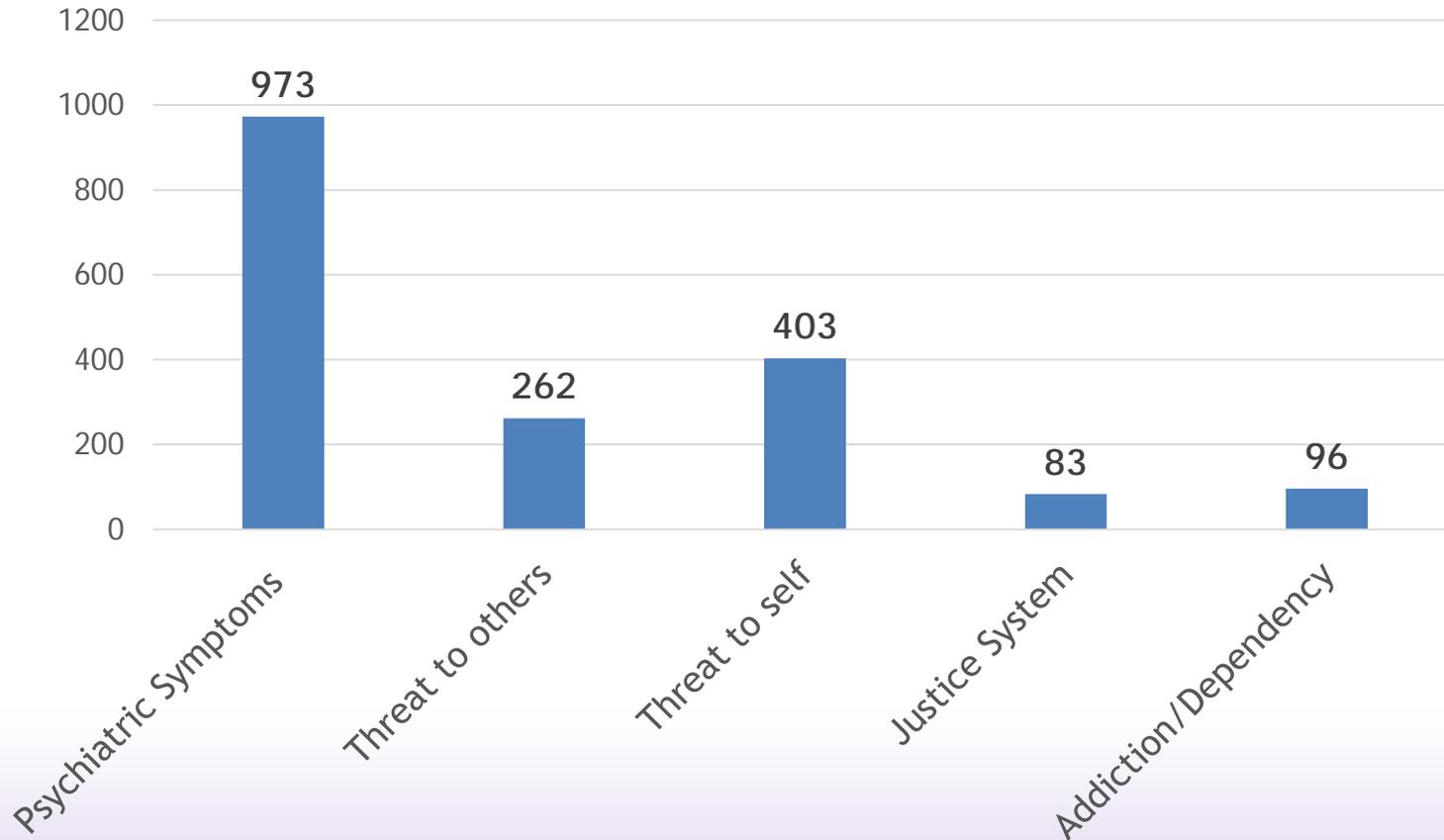


Age Distribution (n = 1655)



Note: the ChYMH is not completed with clients under 4 years of age

Reason for Referral



Note: Assessors can choose more than one reason for referral.

Sex and Gender

Sex	Percentage (N = 1655)
Male	49.5%
Female	49.5%
Other	1%

Gender	Percentage (N = 1655)
Male	50%
Female	49%
Other	1%

Legal Guardianship

Legal Guardianship	Percentage of Clients
Both Parents	67%
Mother only	25%
Father only	2%
Other Relative	3%
Children's Aid Society	1%
Public Guardian	0%
Youth Responsible for Self	1%

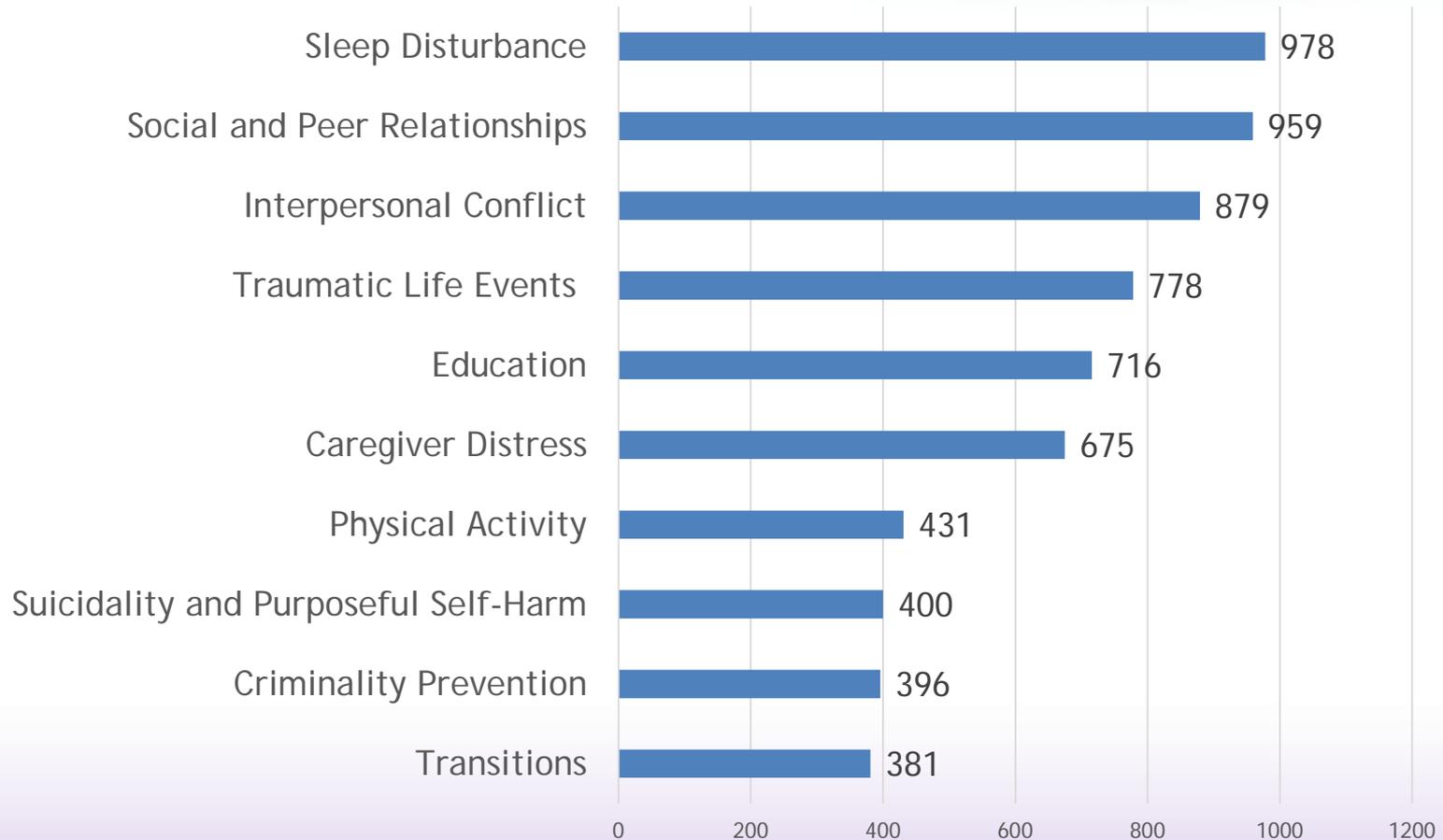
Client Education Status

Education Status	Percentage of Clients
Full-time	90%
Part-time	3%
Previously enrolled	3%
Never enrolled	1%

Primary Language and Indigenous Identity

- 94% of clients identified English as their first language.
- 1% of clients identified French as their first language.
- 1% of clients reported being First Nations, Inuit or Metis.

Top 10 CAPs Triggered



4 Stages of Implementation¹

1. Exploration:

- Assess needs and readiness of the program, agency, or community.
- Review the evidence-based/evidence-informed practices that will meet your needs.
- Decide which practice to implement, based on your needs and readiness assessment.

2. Installation: preparing for implementation

- Develop work plans with key deliverables and timelines
- Acquire resources and establish training plan.
- Form implementation team.
- Prepare staff and organization.

¹National Implementation Research Network, 2013

4 Stages of Implementation¹

3. Initial Implementation:

- Put work and training plans in motion – get started!
- Support the use of newly acquired skills.
- Address challenges related to change management.
- Facilitate implementation drivers.

4. Full Implementation: EBP should now be standard practice.

- Regularly monitor implementation, fidelity, and outcomes.
- Ensure succession planning is in place to sustain implementation.
- Monitor changing needs of program, agency, or community.

¹National Implementation Research Network, 2013

Small Group Exercise

1. Self-select into 4 groups, each group representing one of the 4 stages of implementation.
2. In your group, discuss the following questions:
 - What must be in place for success at this stage?
 - What do you see as the key challenges of this stage?
 - What are the key opportunities during this stage that should be capitalized upon?
3. Jot down your thoughts on the flip chart provided.
4. Select a spokesperson who will report back to the larger group.
5. Large group discussion and wrap-up.

Large Group Feedback

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